

PCMH Quality Metrics Subcommittee Meeting
July 10, 2014

Attendees

Dr. Pat Morrow, Blue Cross Blue Shield of Montana
Dr. Jonathan Griffin, Chair, St. Peter's Hospital
Paula Block, Montana Primary Care Association
Lisa Underwood, Montana Primary Care Association
Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services
Dr. Steve Helgersen, Public Health and Safety Division, Department of Public Health & Human Services
Jody Haines, Providence Health System
Dr. Rob Stenger, St. Patrick's Hospital Grant Creek Family Practice
Kelly Gallipeau, Kalispell Regional Medical Center
Dr. Joe Sofianek, Bozeman Deaconess Health Group

CSI Staff

Christina Goe
Amanda Eby

CSI reviewed changes made to the rule based on suggestions to clarify language from Todd Harwell and Dr. Morrow. Todd had submitted a clarification on the number of measures PCMHs report on:

A PCMH healthcare provider that provides care to adults only or both children and adults shall choose at least three of the four quality measures below to the commissioner. A PCMH healthcare provider that provides care to only children shall choose only the one childhood related performance measure described below to the commissioner:

Data reporting requirements must be aligned with PQRS and the instructions provided at the CSI agency web site.

Dr. Morrow had submitted suggested wording for the section of the rule referring to payers that require measure reporting:

Payers who choose to engage in PCMH programs with Montana providers, and who use Quality Measure Reporting in their payment model, will be required to use, but are not limited to, the same four measures and reporting parameters described above.

The subcommittee agreed with both changes. Members discussed adjusting the tobacco measure since it is the one that could cause the most issues technologically because of the flexibility to report on counseling and/or referral for tobacco cessation services or medications. While the flexibility is good, it causes problems for variance of what fields are available in practices' EMRs. Since counseling could include pharmacology recommendations, the group agreed to the following change:

(b) screening for tobacco use and cessation counseling ~~and/or referral for tobacco cessation services for adults.~~

The subcommittee discussed the reporting timeframe and deadline to submit data to CSI. Attendees agreed unanimously on the reporting timeframe to be January – December 2014, with the deadline to submit data of March 2015 so it is the same as the date for the annual report to the commissioner.

In order to stay on track, the rule will be filed in August and discussion on the reporting guidance by the interested parties will continue until the details are correct and agreed upon. The subcommittee agreed with this because the guidance is nearly finished. Many attendees commented that they are comfortable with the changes to the guidance proposed at this time. The subcommittee set a deadline

of September to complete the guidance so it can be distributed to PCMH program participants in advance of when they need to report the data. Members agreed that September is a reasonable goal for them to work with the Department of Health to finish the guidance.

Below are suggested revisions to the guidance that were discussed in the meeting and via email:

1. Remove the “inpatient” component related to the HTN and A1c measures.
2. Remove the equal sign from the HTN measure, so it would be <140/<90.
3. Potentially add dates fields for the measures (e.g., the date the blood pressure was taken, the dates for each IZ).
4. There was discussion about having PCMH’s submit data for their entire population and then the department of health could pull a random selection of their data rather than having the practices to their own random sampling. This would be easier for the practices doing electronic submission while the practices that need to manually pull their data could do the same method of random sampling as prescribed by the department of health.
5. Subcommittee members requested explanation on why the childhood immunization measure is not aligned with PQRS.
6. Subcommittee members also requested a clarification in language regarding PCMHs reporting on all patients, i.e. all patients that had their blood pressure taken in 2014.